

INSPECTION/DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

(FRONT)

1. Name of Requestor: _____
(Print or Type; Initials required for copy requests)

2. Form of identification provided:

☐ Photo ID issued by governmental entity including requestor's address

☐ Other: _____

3. Requestor's address, telephone number and contact information: _____

4. Record(s) requested to be inspected/copied:

a. Previously inspected on _____ (date); ☐ Inspection waived

b. Type of record: ☐ Minutes ☐ Annual Report ☐ Annual Financial Statements
☐ Budget ☐ Employee file ☐ Other

c. Detailed Description of the record(s) including relevant date(s) and subject matter:

5. Request submitted to: _____
(Name of Governmental Entity, Office or Agency)

a. Employee receiving request: _____
(Print or Type and Initial)

b. Date and time request received: _____

c. Response: ☐ Same day ☐ Other _____

6. Costs

a. Number of pages to be copied: _____ ☐ Estimated

b. Cost per page: _____

c. Estimate of labor costs to produce the copy (for time exceeding 5 hours): _____

☐ Labor at \$ _____ /hour for _____ hour(s).

☐ Labor at \$ _____ /hour for _____ hour(s).

☐ Labor at \$ _____ /hour for _____ hour(s).

d. Programming cost to extract information requested: _____

e. Method of delivery and cost: _____ ☐ Estimated

☐ On-site pick-up ☐ U.S. Postal Service ☐ Other: _____

f. Estimate of total cost to produce request: _____

g. Estimate of total cost provided to requestor: ☐ in person ☐ by U.S.P.S. ☐ by phone

Other: _____

7. Form, Amount, Date of Payment:

a. Form of payment: ☐Cash ☐Check ☐Other_____

b. Amount of payment: _____

c. Date of payment: _____

8. Date of Delivery: _____

Signature of Records Custodian

Date

Signature of Requestor

Date